

CCC-501B U.S. DEPARTMENT OF AGRICULTURE (12-14-99) Commodity Credit Corporation <div style="text-align: center;">DESIGNATION OF "PERMITTED ENTITIES"</div>	1. NAME OF INDIVIDUAL		
	2. COUNTY	3. STATE	4. DATE (MM-DD-YYYY)

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The Agriculture Act of 1949, as amended, and the Food Security Act of 1985, as amended, authorize the collection of the data on this form which will be used in applying statutory payment eligibility and limitation provisions. Furnishing this data is voluntary; however, without it we may be unable to establish your maximum eligibility for program payments. This data may be furnished to any agency responsible for enforcing these provisions.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0096. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A - ALL ENTITIES

List each entity, an individual farming interest, an interest in a joint operation, and such individual's, entity's, or joint operation's social security or employer identification number in which you have a farming interest, regardless of whether or not such entity receives a direct payment. For any interest you have in an embedded entity, list the name and the employee identification number of BOTH the embedded entity and the entity receiving payments directly from the Commodity Credit Corporation or other agency of the U.S. Department of Agriculture. See the reverse side of this form for definitions and for examples related to this Section.

ENTITY (Direct Payment Entity) 5.	SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER 6.	EMBEDDED ENTITY (Indirect Payment Entity) 7.	SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER 8.
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
h.			

PART B - PERMITTED ENTITIES

List the three entities with embedded entities, if any, through which you wish to receive payments, subject to applicable limitations. Any farming interest which you have as an individual and which receives payments subject to applicable limitations must be listed. List your individual farming interest and any individual interest in a joint operation as one entry.

9.
10.
11.

PART C - CERTIFICATION

I certify that all the information entered on this document is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.

12. SIGNATURE OF PRODUCER	DATE (MM-DD-YYYY)
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INSTRUCTIONS FOR DESIGNATION OF ENTITIES

1. Permitted Entity

- a. A permitted entity is an entity designated by an individual which is to receive a payment, loan, or benefit under: (1) The annual price support and production flexibility contract programs. (2) Any program authorized by the Agricultural Act of 1949 under which a gain is realized by the repayment of a loan at a level lower than the original loan level. (3) The Conservation Reserve Program.
- b. Payments are limited to:
 - i. An individual and 2 entities in which an individual has a direct or indirect interest.
 - ii. Any 3 entities in which an individual has a direct or indirect interest.

2. Embedded Entity

An embedded entity is an entity which directly or indirectly has an interest in any other farming operation.

EXAMPLE OF DESIGNATION OF "PERMITTED ENTITIES"

The following is an example of a completed CCC-501B:

Individual A must complete CCC-501B to receive a payment. Individual A has the following farming interests:

- 5a An individual interest that receives a direct payment.
- 5b An individual interest as a partner in AB Partnership that receives a direct payment.
- 5c An individual interest as a beneficiary in Trust B that receives a direct payment.
- 5d & 7d An individual interest as a stockholder in Corporation C which has a direct interest in Limited Partnership E.
- 5e An individual interest as a stockholder in Corporation C which has direct interest in Corporation D.
- 5f An individual interest as a stockholder in Corporation F which is a member of F and G Partnership.
- 9 As required according to subparagraph lb, Individual A designates the individual farming interest as a permitted entity. Individual A's interest in AB Partnership is also counted the same as the individual farming interest.
- 10 Individual A also designates Limited Partnership E, through Corporation C as the 2nd permitted entity.
- 11 Individual A also designates Corporation D through Corporation C as the 3rd permitted entity.

Form Approved - OMB No. 0560-0096

CCC-501B U.S. DEPARTMENT OF AGRICULTURE (12-14-99) Commodity Credit Corporation DESIGNATION OF "PERMITTED ENTITIES"	1. NAME OF INDIVIDUAL Individual A 2. COUNTY Any County 3. STATE Any State 4. DATE 03-31-XX		
<p style="font-size: x-small;">NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The Agriculture Act of 1949, as amended, and the Food Security Act of 1985, as amended, authorize the collection of the data on this form which will be used in applying statutory payment eligibility and limitation provisions. Furnishing this data is voluntary, however, without it we may be unable to establish your maximum eligibility for program payments. This data may be furnished to any agency responsible for enforcing these provisions.</p> <p style="font-size: x-small;">According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0096. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</p>			
PART A - ALL ENTITIES List each entity, an individual farming interest, an interest in a joint operation, and such individuals, entity's, or joint operation's social security or employer identification number in which you have a farming interest, regardless of whether or not such entity receives a direct payment. For any interest you have in an embedded entity, list the name and the employee identification number of BOTH the embedded entity and the entity receiving payments directly from the Commodity Credit Corporation or other agency of the U.S. Department of Agriculture. See the reverse side of this form for definitions and for examples related to this Section.			
ENTITY (Direct Payment Entity) 5	SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER 6	EMBEDDED ENTITY (Indirect Payment Entity) 7	SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER 8
a. Individual A	11-11-1111		
b. AB Partnership	22-22222222		
c. Trust B	33-33333333		
d. Limited Partnership E	77-77777777	Corporation C	44-44444444
e. Corporation D	88-88888888	Corporation C	44-44444444
f. F and G Partnership	55-55555555		
g. Corporation F	66-66666666		
h.			
i.			
j.			
PART B - PERMITTED ENTITIES List the three entities with embedded entities, if any, through which you wish to receive payments, subject to applicable limitations. Any farming interest which you have as an individual and which receives payments subject to applicable limitations must be listed. List your individual farming interest and any individual interest in a joint operation as one entry.			
9. Individual A and AB Partnership			
10. Limited Partnership E through Corporation C			
11. Corporation D through Corporation C			
PART C - CERTIFICATION I certify that all the information entered on this document is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.			
12. SIGNATURE OF PRODUCER			DATE
/s/ Individual A			03-31-XX

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